

INTERMEDIATE CARE FACILITIES FOR THE
DEVELOPMENTALLY DISABLED

MONTANA DEVELOPMENTAL CENTER, ICFDD

310 4TH STREET

PO Box: PO BOX 87

BOULDER MT 59632-

Phone

Fax:

Administrator: KATHLEEN

ZEECK

License Number: **10922**

Expires: **07/13/2007**

Original License Date:

Health Planning Region Number: **4**

Facility ID Number: **51**

County: **JEFFERSON**

JCAHO:

NOT PROV

Current License Duration: **1**

Total Beds: **8**

Total Facilities = 1